



VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If no response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint.

An Informal Complaint is not required for an alleged incident of sexual abuse.

MAY 18 2018

MR. CONRAD BURKE 1201550

Offender Name

Offender Number

72-116 Ombudsman Unit

Housing Assignment Eastern Region

Geo Group Inc.

Individuals Involved in Incident

04/23/18 APPROX 12:30p

Date/ Time of Incident

- ☐ Unit Manager/Supervisor
☐ Personal Property
☐ Medical Administrator

- ☐ Food Service
☐ Commissary
☒ Other (Please Specify):

- ☐ Institutional Program Manager
☐ Mailroom

Briefly explain the nature of your complaint (be specific):

On the 22nd day of April year of our Lord 2018 I Lodged EG# 137220
in regards to a filing that's come out my tooth and I'm
suffering in unbearable, excruciating pain. However my
EG# 137220 wasn't returned nor was I seen by any
medical staff for treatment for this unbearable
toothache. NOTE: I can submit to voice layered or polygraph
test to clarify this issue.

Offender Signature

04/23/18

Date

Offenders - Do Not Write Below This Line

Date Received: 4-25-18

Tracking # LVCC18101167

Response Due: 5-9-18

Assigned to: HSA Smith

Action Taken/Response:

Please note at this time we don't have a dentist.
You will be called to medical for evaluation, and
pain management will be offered. However please submit
a request to dental so that we can add you
to the list. Once the dentist come he will
schedule you at that time.

Smith, RN

Respondent Signature

J. Smith, RN

Printed Name and Title

5/7/18

Date

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint.

I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

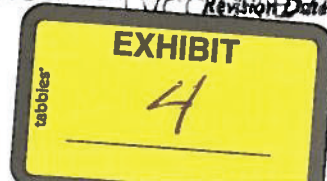
Offender Signature: _____

Staff Witness Signature: _____

Date: _____

LVCC GRIEVANCE DEPARTMENT

Revision Date 08/17



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